

Arizona Department of Corrections

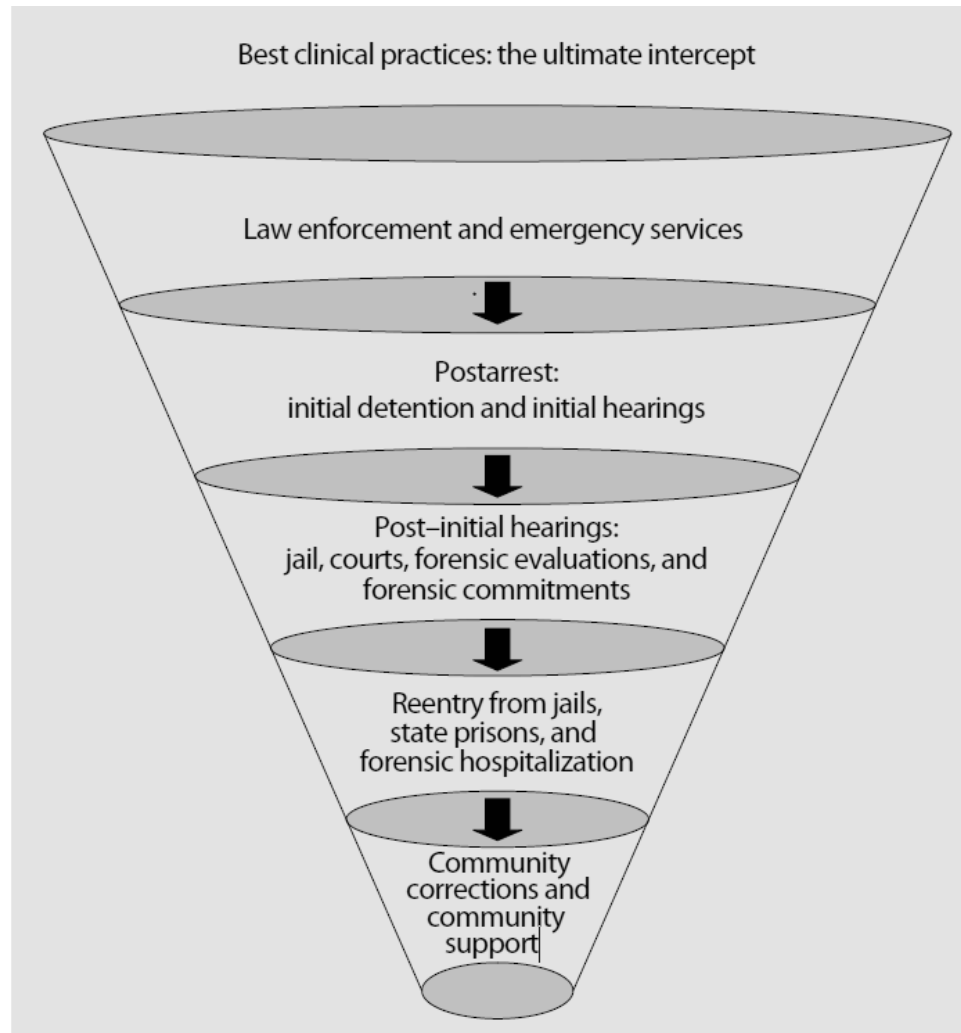


MENTAL HEALTH DISORDERS AND THE CRIMINAL JUSTICE SYSTEM

Nicole Taylor, J.D., Ph.D.
Karen Hellman, M.A., LISAC

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Sequential Intercept Model



Source: Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness, Psychiatric Services, 2006.

Prevalence of Mental Illness In the US

- ❖ National Institute of Mental Health (2013) - 18.5% of the adult population self-reported some level of a mental illness (not including substance use disorders)
- ❖ Estimated 200,000 – 300,000 men and women in US prisons suffer from mental disorders
 - Statistics vary drastically, but typically it is reported that 15%-25% of the total prison population is mentally ill

Prevalence of Mental Illness in ADC

- ❖ There are currently 42,241 inmates (as of 8/24/15)
- ❖ 11,236 (26.6%) inmates are receiving mental health services
 - ❖ 10,697 inmates are receiving outpatient services
 - ❖ 447 inmates are receiving residential services
 - ❖ 92 inmates are receiving inpatient services
- ❖ 1,965 SMI (4.7% of total population, 17.5% of MH caseload)

Outpatient Treatment Services

- ❖ Inmates are routinely seen based on their subcode
 - ❖ A = a minimum of every 30 days by a clinician and 90 days by a provider if on medications
 - ❖ B = a minimum of every 90 days by a clinician and every 90-180 days by a provider
 - ❖ C = a minimum of every 180 days by a provider
 - ❖ D = a minimum of every 90 days by a clinician for at least 6 months until removed from the MH caseload

- ❖ Services include:
 - ❖ Psychotherapy
 - ❖ Psycho-educational programming
 - ❖ Psychopharmacology

Residential Treatment Services

- ❖ Programs are located in Medium, Close and Maximum custody
- ❖ Individual therapy = a minimum of every 30 days
- ❖ Group = a minimum of one mental health group per week
- ❖ Psychiatric services = a minimum of every 90 days if on medications

Inpatient Treatment Services

- ❖ Placement for ongoing stabilization or for short-term evaluations
 - Petitions for commitment upon release are typically handled at the Inpatient Hospital
- ❖ Individual therapy = a minimum of every 7 days
- ❖ Groups = typically occur daily
- ❖ Psychiatric services = a minimum of every 30 days if on medications

Maximum Custody

❖ Parsons v. Ryan Litigation

❖ All SMI inmates in our maximum custody (restrictive housing) will have a minimum amount of out-of-cell time each week

- ❖ 10 hours of unstructured out-of-cell time

- ❖ 6 hours of recreation

- ❖ 1 hour of psychotherapy group programming

- ❖ 1 hour of psycho-educational group programming

- ❖ 1 hour of additional group programming

Maximum Custody (cont.)

❖ Parsons v. Ryan Litigation

❖ All other inmates in our maximum custody (restrictive housing) will have a minimum amount of out-of-cell time each week

❖ Step 1 – 7.5 hours

❖ Step 2 – 8.5 hours

❖ One hour of group programming

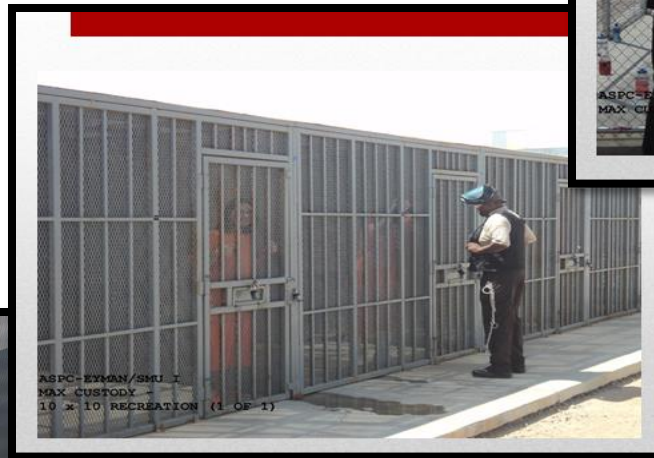
❖ Step 3 – 9.5 hours

❖ One hour of group programming

Maximum Custody (cont.)

- ❖ Tiered Incentive Program - Recreation
 - ❖ Step 1 – 6 hours per week in a standard enclosure
 - ❖ Step 2 – 7.5 hours per week with on in 10x10 enclosure per month
 - ❖ Step 3 (unrestrained) – 10 hours per week and all can be in 10x10 enclosure or rec field

Maximum Custody (cont.)



Maximum Custody (cont.)

❖ Tiered Incentive Program – Group Programming

- ❖ Step 1 – mental health and other programs in individual enclosures
- ❖ Step 2 – mental health and other programs typically in max custody chairs
- ❖ Step 3 (unrestrained) – mental health and other programs often around a large table
 - ❖ Group education and college courses

Maximum Custody (cont.)



Maximum Custody (cont.)

- ❖ Tiered Incentive Program – Employment
 - ❖ Step 1 – no jobs available at this step
 - ❖ Step 2 – jobs as a porter or other position with an officer present (or another inmate)
 - ❖ Step 3 (unrestrained) – jobs in large groups such as yard crew or kitchen

Maximum Custody (cont.)



ASPC-Eyman Browning Unit
Max custody inmate porter

No Employment Available



RELEASE PLANNING

Risk Factors

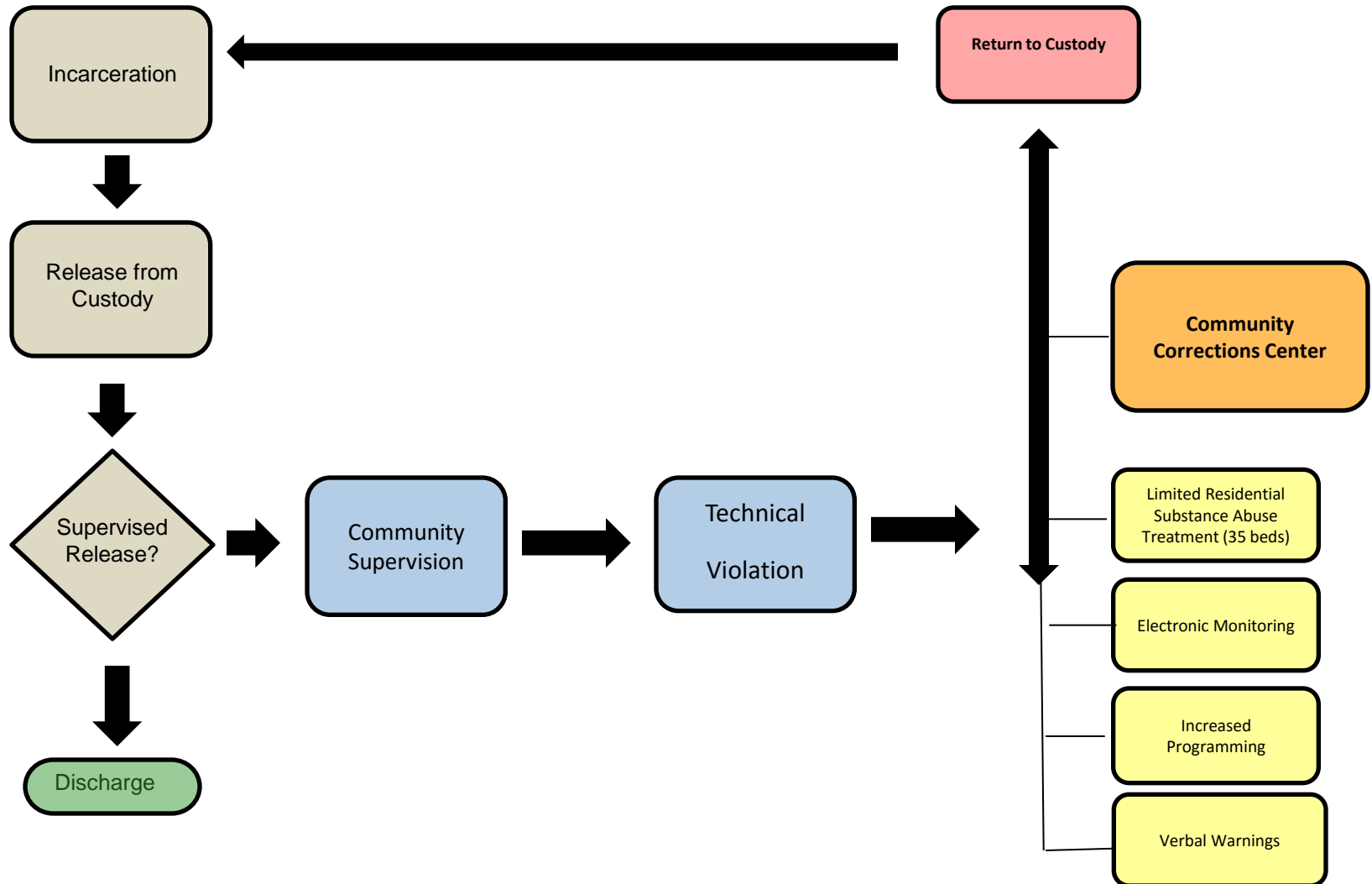
- ❖ Medical co-morbidity
- ❖ Co-occurring substance use disorder
- ❖ Homelessness
- ❖ Employment challenges
- ❖ Inadequate treatment options in the community
- ❖ Criminal history
- ❖ Criminogenic factors

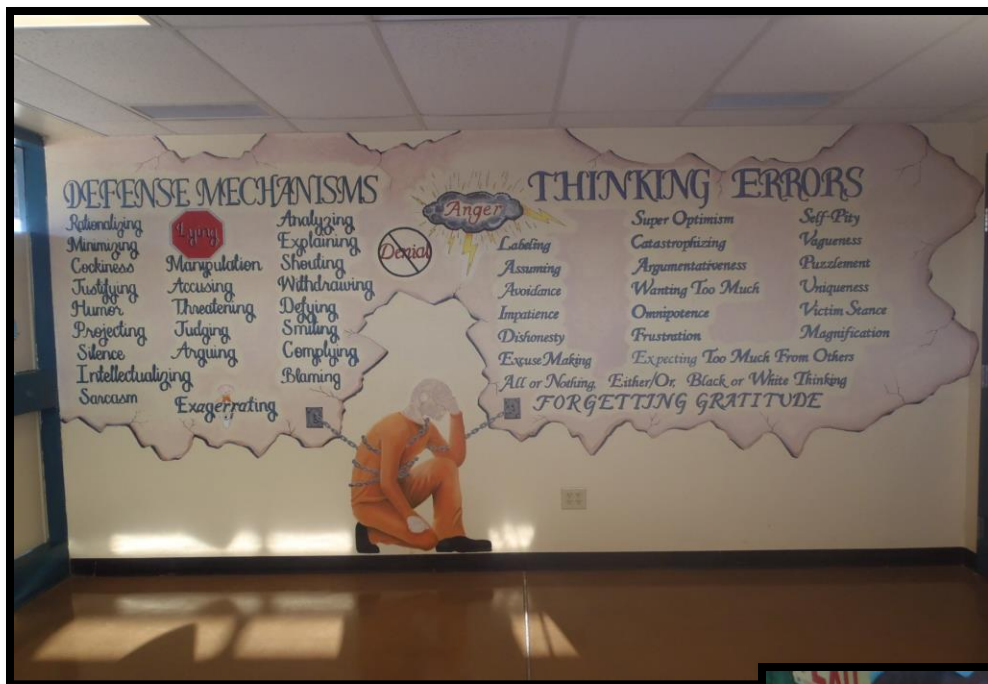


General Strategies

- ❖ Corrections Plans
- ❖ Earned Incentive Plan
- ❖ Program opportunities
 - ❖ Education
 - ❖ SA and SO Treatment
 - ❖ Work
 - ❖ Religious Services
- ❖ Release housing approval
- ❖ Partnerships with community agencies
- ❖ Contracts for community services
- ❖ Replacement Drivers License and SS cards
- ❖ Southern Region Community Corrections Center

Technical Violation Options and Interventions





Specialized Strategies for High Medical and Mental Health Need Inmates

- ❖ MOA with Regional Behavioral Health
 - ❖ F-ACT teams
 - ❖ Determination of community SMI status
- ❖ Suspension instead of termination of Medicaid eligibility
- ❖ Cost recapture for hospital stays
- ❖ SMI specific caseloads for Community Corrections Officers
- ❖ MOU with Social Security for pre-release SSDI/SSI applications
- ❖ Contracts for housing services



QUESTIONS?

Contact Information

Dr. Nicole Taylor, ntaylor@azcorrections.gov
Karen Hellman, khellman@azcorrections.gov